

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																											
1 Date of Request: <u>6/16/05</u>		2 Serial/Patent # <u>10/520 647</u>																																									
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Filing</td><td style="width: 10%;"></td><td style="width: 10%; text-align: right;">\$ 100.00</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing		\$ 100.00	<input type="checkbox"/>	Amendment		\$	<input type="checkbox"/>	Extension of Time		\$	<input type="checkbox"/>	Notice of Appeal/Appeal		\$	<input type="checkbox"/>	Petition		\$	<input type="checkbox"/>	Issue		\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$	<input type="checkbox"/>	Maintenance		\$	<input type="checkbox"/>	Assignment		\$	<input type="checkbox"/>	Other		\$	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND <div style="float: right; text-align: right;">\$ 100.00</div>																																									
10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 5px;"> Treasury Check Credit Deposit A/C #: 9 50--1698 </div>																																									
<div style="font-size: 1.5em; font-family: cursive;">Completed</div>																																											
11 REFUND REQUESTED BY: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> TYPED/PRINTED NAME: <u>Darrell Cottman</u> SIGNATURE: <u><i>Darrell Cottman</i></u> OFFICE: <u>PCT</u> </div> <div> TITLE: <u>Paralegal</u> PHONE: <u>703-308-9140 x203</u> </div> </div>																																											
<div style="font-size: 0.8em;"> Repln. Ref: 06/16/2005 DCOTTMAN 0014345200 DAB:501698 Name/Number:10520647 </div>																																											
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APPROVED: _____ DATE: _____																																											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: